Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
				A. BUILDING:		C		
012395				B. WING			05/28/2013	
			RESS, CITY, STA	TE, ZIP CODE				
LOVING CARE ACENCY INC				RANCE DR STE C YNE, IN 46825				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE		
N 000	Initial Comments			N 000				
	This was a state home health complaint investigation. Complaint #: IN00128962 - Substantiated: State							
		the allegations are cit						
	Facility #: 012395							
	Medicaid Vendor #: 2							
	Survey Dates: May 22-28, 2013							
	Clinical Records Reviewed: 5 Closed Records: 1 Active Records: 4							
	Surveyor: Miriam Bennett, RN, BSN, PHNS							
	Quality Review: Joyce Elder, MSN, BSN, RN June 5, 2013							
N 522	2 410 IAC 17-13-1(a) Patient Care			N 522			6/19/13	
	written medical plan of periodically reviewed	edical care shall follow of care established and by the physician, denti rist or podiatrist, as foll	st,					
	policy review the ager physician ordered free Nurse (SN) visits were	ord review, interview, a ncy failed to ensure the quency and hours of Sl e met for 5 of 5 clinical n the potential to affect	e killed					
	Findings include							

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TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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LOVING CARE AGENCY INC				ANCE DR STE	E C			
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N 522	Continued From page 1			N 522				
	1. Clinical record #1, start of care (SOC) 7/9/12, contained a Plan of Care (POC) for the certification period 4/22-6/20/13 with orders for Skilled Nursing (SN) 5-8 hours per day, 4-6 days a week. On 5/10/13 a total of 10 hours SN care were provided, 2 hours over the ordered frequency for the day. The record failed to evidence any change orders for frequency were obtained. On 5/28/13 at 1:15 PM, employee C indicated what most likely happened was one of the parents was coming home late from work, so the nurse stayed until they got home.							
	2. Clinical record #2, SOC 5/15/12, contained a POC for the certification period 3/11-5/9/13 with orders for SN 18-20 hours a day, 4-6 days a week. The record failed to evidence a total of 18 hours were provided on March 15, 17, 22, 24, 29, and 31; April 5, 7, 12, 14, 19, 21, 26, and 28; and May 3 with variations of 8-12 hours of care provided. A Missed Shift Report was completed on 5/3/13 for 2 hours missed due to parent canceled. The record failed to evidence any change orders for frequency were obtained.							
	On 5/28/13 at 2:15 PM, employee C indicated Monday through Thursday is the 4 days a week the agency regularly fills so the agency is covered, but the parents don't need agency staff over 8 hours on Sundays.							
	3. Clinical record #3, SOC 3/31/11, contained a POC for the certification period 3/9-5/7/13 with orders for SN 18-20 hours a day 4-5 days a week, with 60 hours per month respite at parent request. Physician orders for G-tube feedings state, "PediSure with Fiber: 4 times daily							

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N 522	Continued From page 2			N 522				
	administer 160 mls (milliliters) via pump to run over 1 hour. Flush with 30-60 mls of water Free water 360 ml total daily. 30 ml flush after each med."							
	A. The record failed to evidence a total of 18 hours were provided on May 3 and 7. Missed Shift Reports were completed for 5/3/13 for 8 hours missed and 5/7 for 5 hours missed. Both stated due to "no nursing avail [available]." The record evidenced SN was also provided 8 hours a day every Saturday and 5-7 hours on all but two Sundays for the certification period. These hours total over the 60 hours of respite care for the certification period. Other Missed Shift Reports were completed for April 28, a Sunday, with reason noted as "Parent canceled, does not want nursing 12 p-6 p, offered to find alternate nurse for entire shift, [parent] declined." B. A Do Not Return Form was completed on 4/29/13 stating "[parent] states [employee J] is							
	not a nurse for [patient]. [nurse] did not flush tubing after feeds. [parent] concerned about clinical skills." Discussion area states "Discussion regarding orders for SN. [nurse] directed to clarify orders with MD."							
	observed in the clinic attempts to notify cor changes. Many state	nunication notes were cal record documenting mplainant regarding sche "voicemail full;" some notes are dated April 246, 17, and 23.	state					
	D. On 5/22/13 at 3:05 PM, employee D, the scheduler, indicated they attempt to notify parents as soon as possible if a nurse is not available and attempt to fill open shifts right up to the last day. At 3:10 PM, employee D continued indicating the							

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N 522	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			N 522				

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STATE FORM KUI111 If continuation sheet 4 of 5

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N 522	Continued From page 4			N 522			
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